



British Columbia  
**Pharmacy Association**

# British Columbia Pharmacy Association (BCPhA) Remarks to Select Standing Committee on Health on B.C.'s Drug Toxicity and Overdose Crisis

July 14, 2022

Good morning. Today I'm speaking to you from the traditional territories of the Squamish, the Tsleil-Waututh and the Musqueam First Nations.

My name is Geraldine Vance, and I am the CEO of the B.C. Pharmacy Association (BCPhA). Our organization represents British Columbia's community pharmacies and pharmacists. There are more than 4,100 registered pharmacists working in more than 1,400 community pharmacies in 158 communities across the province – both big and small. Nearly every community has a pharmacy within a 30-minute drive.

B.C. also has 11 telepharmacies in very remote communities. These are pharmacies where patients can come into the pharmacy and receive pharmacy services and counselling from a pharmacist via telecommunications like a video chat.

It's important to note that community pharmacies have long served as an important first point of contact for patients seeking medical care. A 2018 review shows that community pharmacists see their patients anywhere between 1.5 and 10 times more frequently than they see their primary care physicians. We know that this number increased dramatically over the past two years, when nearly all primary care physicians closed their offices in the early days of the pandemic, and many are still relying on virtual care or telephone visits.

Before I talk about considerations on addressing B.C.'s drug toxicity and overdose crisis, I'm going to provide some background on pharmacists as health-care providers in our health care system.

Pharmacists undergo rigorous training and education before becoming licensed health care providers. To be a pharmacist you have to earn a bachelor's or Doctor of Pharmacy degree from one of 10 Canadian universities. Students must complete two years of prerequisites prior to being accepted into UBC's PharmD program. Students graduating with a Doctor of Pharmacy must complete a four-year pharmacy program. Many students enter pharmacy studies with an undergraduate science degree.

The pharmacy program curriculum focuses on pharmacology, therapeutics, medication management, case-based learning, and aboriginal health. Like medicine, students are required to do clinical rotations, called practicums, in a pharmacy before graduating. About 200 students graduate a year from UBC. And those that want to practice as a licensed pharmacist must pass a national board examination through the Pharmacy Examining Board of Canada (PEBC). Once they pass this exam, they can be licensed as a pharmacist and regulated like other health professions.

In B.C., pharmacists dispense more than 90 million prescriptions a year. Pharmacists not only focus on what drugs are therapeutically appropriate for patients, but they are required to consider which drugs may interact with other drugs a patient may be taking.

Pharmacists work with patients to help them find coverage with payers, spending time on the phone with private plans or doctors' offices to look at affordable alternatives so patients don't go without their medications.

And it's not just about dispensing medications. Pharmacists also provide diabetes counselling, wound care, foot care, travel medicine, counselling on medications, and provide vaccines. B.C.'s pharmacists have provided more than 1 million flu shots during the last two flu seasons, and since April 2021, B.C.'s community pharmacists have delivered 1.6 million COVID-19 vaccines to British Columbians.

But what many may not realize is the role community pharmacists have played for more than 20 years in helping patients with opioid use disorder stay safe.

British Columbia is the birthplace of the Methadone Maintenance Treatment (MMT) program that goes back to 1959 when it was introduced as an option for patients with, what we now call opioid use disorder (OUD), by two Vancouver physicians.

The program became mainstream in 1996, when the BC College of Physicians and Surgeons was given administrative responsibility for the program.

Over the years the program and maintenance treatment options have changed, and the training for physicians and pharmacists has evolved to meet the changing medication alternatives and growing understanding of the complexity of OUD.

There is no doubt that the MMT program (now called Opioid Agonist Treatment, or OAT, for short) has saved literally thousands of lives. Every patient who spends even a short time on OAT is a step safer away from needing to access toxic street drugs.

B.C.'s Methadone Maintenance Program has existed for more than two decades. As more and alternative medications – like Suboxone and Kadian – became available, the program evolved to meet the needs of prescribers and patients.

And as therapies evolved, so did the training and education for community pharmacists.

Four years ago, in 2019, the BCPhA developed and launched a new comprehensive training program for pharmacists who were serving patients with opioid use disorder.

This training was developed with the support and financial assistance of the Ministry of Health. The "Opioid Agonist Training Program" is the only one of its kind in the country. It is mandatory for any pharmacist who dispenses OAT medications in B.C. to complete the training.

The aim in developing and delivering this training is to ensure that pharmacists are as well versed as their prescribing colleagues in understanding the issues their patients face. Since the program's inception, nearly 5,000 pharmacists and pharmacy technicians have been trained, and it has positioned them to do more in helping to respond to B.C.'s overdose crisis.

In December 2020, the BC Pharmacy Association made a proposal to the Minister of Mental Health and Addictions that would see a stepped approach to enabling pharmacists to prescribe – in certain situations – OAT for those patients who urgently need continuity of care.

Our proposal is to allow pharmacists to first adapt prescriptions for patients on OAT. This ensures that there is no disruption for patients in accessing their medications when they can't have their prescription renewed by their physician.

B.C.'s community pharmacists already have the required knowledge, the training and authority to adapt and renew many medications. Allowing adaptations in certain cases is a natural progression of pharmacists' authority. But more importantly, it can make a difference in saving lives.

We also believe that pharmacists should ultimately have the authority to initiate OAT prescribing.

We propose building on the expertise and training that pharmacists have, thereby creating new capacity in the province's response to this devastating public health crisis.

Turning to safer supply now. The province and experts are rightfully focusing their attention to all available options in stopping the overdose crisis. And we know one area being explored is harm reduction strategies like safer supply.

This includes access to prescribed medications like opioids, stimulants and benzodiazepines as alternatives to the toxic street drug supply for individuals who are at a higher risk for overdose. Safer supply is the first step to helping patients move away from fentanyl-laced street drugs and moving them into health and social support networks.

The BC Pharmacy Association supports the government's approach in pursuing safer supply as a risk mitigation strategy. And we believe that community pharmacists can be a key participant in an integrated-care model where patients have access to both a prescribing physician and a community-based pharmacist.

However, the BCPhA believes that considerable work needs to be done to create a treatment protocol and clinical guidelines that can be understood and implemented by prescribers and pharmacists for their patients.

In our view, regulatory bodies and organizations representing practitioners must be involved. If "safer supply" is to move beyond the disparate and stand alone "pilot" system that now exists, clinicians and regulators need to be included in designing the implementation program.

We know that not all practitioners will prescribe safer supply. In fact, we know that there are not enough clinicians prescribing OAT throughout the province. This makes the development of clear clinical guidelines for safer supply even more imperative.

The BC Pharmacy Association asks that we be part of the discussion and planning of well-developed clinical guidelines and evaluations to ensure that all issues are being considered when delivering important care to patients. We want to be at the table when discussions begin to bring our experience and expertise in delivering care for patients with opioid use disorder.

Another immediate way that community pharmacists can help combat the toxicity in B.C.'s illegal street drug supply is through making drug testing kits available to patients in pharmacies.

The Association sees an ability for pharmacies across the province to be a location for any individual to pick up free drug testing kits that they can use along with free life-saving naloxone kits.

This is not unlike the provision of COVID-19 Rapid Tests that pharmacies were able to deliver to British Columbians. B.C. community pharmacies could serve as a distribution point for drug toxicity tests that would be available to patients on request, and there would be no need for individuals to identify themselves or have their personal health information recorded.

In conclusion, I want to highlight the extensive education, oversight and experience community pharmacists have in order to deliver the highest standard of care for their patients.

B.C.'s community pharmacists continue to be on the frontlines in dealing with patients with opioid use disorder, and they are required to have mandatory, up-to-date training and education. This education can be easily expanded to help deliver needed medications, safe supply or drug testing kits in communities large and small.

Just like they have stepped up to be the first point of contact during the COVID-19 pandemic, B.C.'s community pharmacists will continue to do the same during our other current public health crisis.

We look forward to being part of the solution in addressing B.C.'s toxic drug overdose crisis and ask to be engaged as a full strategy and guidelines are developed around safer supply and other options to help save lives.

Thank you very much.